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CONFIRMATION NO. 4996

|   |   |                                   |   |  |                                    |
|---|---|-----------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/808,228  | <b>FILING or 371(c)<br/>DATE</b><br>03/24/2004<br><b>RULE</b>   | <b>CLASS</b><br>422               | <b>GROUP ART UNIT</b><br>1797   | <b>ATTORNEY DOCKET<br/>NO.</b><br>5010-102 |                                    |
| <b>APPLICANTS</b><br>David M. Cox, Foster City, CA;<br>Sean M. Desmond, San Carlos, CA;<br><b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/403,652 03/31/2003 PAT 7,135,147<br>which claims benefit of 60/398,777 07/26/2002<br>and is a CIP of 10/336,706 01/03/2003 PAT 7,214,348<br>and claims benefit of 60/399,548 07/30/2002<br>and is a CIP of 10/403,640 03/31/2003 PAT 7,201,881<br>and is a CIP of 10/336,330 01/03/2003 PAT 7,041,258<br>This application 10/808,228 03/24/2004<br>is a CIP of 10/426,587 04/30/2003 PAT 6,817,373<br><b>** FOREIGN APPLICATIONS *****</b> <i>RAH</i><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/04/2004 |   |                                   |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and <u>/ROBERT A HOPKINS/</u><br>Acknowledged <u>Examiner's Signature</u>  | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWINGS</b><br>9   | <b>TOTAL<br/>CLAIMS</b><br>27              | <b>INDEPENDENT<br/>CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>KILYK & BOWERSOX, P.L.L.C.<br>3603 CHAIN BRIDGE ROAD<br>SUITE E<br>FAIRFAX, VA 22030<br>UNITED STATES   |   |                                   |   |  |                                    |
| <b>TITLE</b><br>Microfluidic device including displaceable material trap, and system  |   |                                   |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1068  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |